

Medicaid Waiver Provider Registration (Working)

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Introduction/Instructions

INTRODUCTION:

This registry is provided by the Department of Health Services (DHS) as part of an ongoing effort to address federal Centers for Medicare and Medicaid Services (CMS) requirements for "state-wideness" in the management and provision of Medicaid waiver programs and services. To meet the federal mandates DHS has developed this web-based system to collect information about current and interested service providers in an on line registry.

APPLICABILITY:

DHS is requiring all agencies, organizations or individuals that are currently providing Medicaid waiver funded service(s) under agreements with the state or local/county waiver agencies to be listed on the registry. The requirement applies to all providers working with:

- Children served through the Children's Long Term Support (CLTS) waivers;
- Adults with disabilities served through the Community Integration Program (CIP 1A/1B), Brain Injury (BIW) or the Community Options Program (COP-W/CIP II);
- Elders served by CIP II/COP-W.

The registration requirement does not apply to services provided for Family Care, IRIS or Partnership organization unless the provider seeks to serve waiver programs as well.

In addition to any current waiver service providers, any individual, agency or organization that is not currently providing services and wants to provide such service is instructed to register. The actual entry of provider information may be done by the provider entity/individual or by the local/county waiver agency.

IMPORTANT: The registry may not be considered a directory of available, qualified providers. A listing in the registry does not confer DHS approval. Nor does the listing assure the provider will be selected. All providers must be qualified; meeting applicable licensing, certification, education/experience and any other standards described in the Medicaid Waiver Manual: <http://dhs.wisconsin.gov/bdds/waivermanual>.

INSTRUCTIONS:

Providers will need to supply basic information about their services and service capacity; contact names, phone numbers and e-mail addresses; the geographic area they propose to serve and basic information about any special skills, experience or capacities they have. Providers who have questions should contact the local waiver agency. Waiver agency staff may direct agency concerns to the Bureau of Long Term Support. Please note that there is a timeout limitation on each question. After 30 minutes of inactivity the registration will close itself.

Thank you for your cooperation.

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Adult/Children Services

This choice will allow the display of available selections from either the Adult or Children's Medicaid waivers. If the provider will be supplying services to both, a separate registration must be filled out for each.

1. Please choose which type of registration is being entered: *
☐ Adult Services ☐ Children's Services

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Registration Information (Adults)

2. Select the population group or groups to be served.*

Select all that apply

- ☐ Elders (over 65)/Aging
- ☐ Adults with Traumatic Brain Injuries
- ☐ Adults with Developmental Disabilities
- ☐ Adults under age 65 with a Physical Disability
- ☐ Adults with a Serious and Persistent Mental Illness

3. Choose a service or services from the list:*

Check all that apply

- ☐ Adaptive Aids - Vehicle Related
- ☐ Adaptive Aids - Other
- ☐ Adult Day Care
- ☐ Adult Family Home 1-2 bed
- ☐ Adult Family Home 3-4 bed
- ☐ Benefit Counseling
- ☐ Communication Aids
- ☐ Community Based Residential Facility
- ☐ Consumer and Family Directed Supports
- ☐ Consumer Education and Training
- ☐ Counseling and Therapeutic Services
- ☐ Daily Living Skills Training
- ☐ Day Services - Adults
- ☐ Financial Management/Fiscal Intermediary Services
- ☐ Home-Delivered Meals
- ☐ Home Modifications
- ☐ Housing Counseling
- ☐ Housing Start Up
- ☐ Nursing Services
- ☐ Peer/Advocates Supports
- ☐ Personal Emergency Response System
- ☐ Pre-vocational Services
- ☐ Relocation Related - Housing Start Up
- ☐ Relocation Related - Utilities
- ☐ Residential Care Apartment Complex
- ☐ Respite Care Residential

- ☐ Respite Care Institutional
- ☐ Respite Care Home-based
- ☐ Respite Care Other Setting
- ☐ Short Term Supervision & Observation
- ☐ Specialized Medical and Therapeutic Supplies
- ☐ Specialized Transportation One-way trips
- ☐ Specialized Transportation Miles
- ☐ Specialized Transportation Items
- ☐ Support & Service Coordination/Care Management (Formerly case management)
- ☐ Supported Employment
- ☐ Supportive Home Care Days
- ☐ Supportive Home Care Hours
- ☐ Vocational Futures Planning
- ☐ Vocational Recovery

4. Choose the county or counties in which service(s) would be provided:*

Check all that apply or choose STATEWIDE option at the bottom.
Select at least 1.

- ☐ Adams
- ☐ Ashland
- ☐ Barron
- ☐ Bayfield
- ☐ Brown
- ☐ Buffalo
- ☐ Burnett
- ☐ Calumet
- ☐ Chippewa
- ☐ Clark
- ☐ Columbia
- ☐ Crawford
- ☐ Dane
- ☐ Dodge
- ☐ Door
- ☐ Douglas
- ☐ Dunn
- ☐ Eau Claire
- ☐ Florence
- ☐ Fond du Lac
- ☐ Forest
- ☐ Grant

- ☐ Green
- ☐ Green Lake
- ☐ Iowa
- ☐ Iron
- ☐ Jackson
- ☐ Jefferson
- ☐ Juneau
- ☐ Kenosha
- ☐ Kewaunee
- ☐ La Crosse
- ☐ Lafayette
- ☐ Langlade
- ☐ Lincoln
- ☐ Manitowoc
- ☐ Marathon
- ☐ Marinette
- ☐ Marquette
- ☐ Menominee
- ☐ Milwaukee
- ☐ Monroe
- ☐ Oconto
- ☐ Oneida
- ☐ Outagamie
- ☐ Ozaukee
- ☐ Pepin
- ☐ Pierce
- ☐ Polk
- ☐ Portage
- ☐ Price
- ☐ Racine
- ☐ Richland
- ☐ Rock
- ☐ Rusk
- ☐ Sauk
- ☐ Sawyer
- ☐ Shawano
- ☐ Sheboygan
- ☐ St. Croix
- ☐ Taylor

- ☐ Trempealeau
- ☐ Vilas
- ☐ Vernon
- ☐ Walworth
- ☐ Washburn
- ☐ Washington
- ☐ Waukesha
- ☐ Waupaca
- ☐ Waushara
- ☐ Winnebago
- ☐ Wood
- ☐ STATEWIDE - ADULT SERVICES (Non-Family Care)

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Registration Information (Children)

5. Select the population group or groups to be served.*

Select all that apply

- ☐ Children with Developmental Disabilities
- ☐ Children with a Physical Disability
- ☐ Children with a Severe Emotional Disturbance

6. Choose a service or services from the list:*

Check all that apply

- ☐ Adaptive Aids - Vehicle Related
- ☐ Adaptive Aids - Other
- ☐ Children's Foster Care/Treatment Foster Care - Developmental Disabilities
- ☐ Children's Foster Care/Treatment Foster Care - Mental Health
- ☐ Children's Foster Care/Treatment Foster Care - Physical Disabilities
- ☐ Communication Aids
- ☐ Consumer and Family Directed Supports
- ☐ Consumer Education and Training
- ☐ Counseling and Therapeutic Services
- ☐ Daily Living Skills Training
- ☐ Day Services - Children (Developmental Disabilities)
- ☐ Day Services - Children (Mental Health)
- ☐ Day Services - Children (Physical Disabilities)
- ☐ Financial Management/Fiscal Intermediary Services
- ☐ Home Modifications
- ☐ Housing Counseling
- ☐ Housing Start Up
- ☐ Intensive In-Home Treatment Services
- ☐ Nursing Services
- ☐ Personal Emergency Response System
- ☐ Respite Care Residential
- ☐ Respite Care Institutional
- ☐ Respite Care Home-based
- ☐ Respite Care Other Setting
- ☐ Specialized Medical and Therapeutic Supplies
- ☐ Specialized Transportation One-way trips
- ☐ Specialized Transportation Miles
- ☐ Specialized Transportation Items

- ☐ Support & Service Coordination/Care Management (Formerly case management)
- ☐ Supportive Home Care Days
- ☐ Supportive Home Care Hours

7. Choose the county or counties in which service(s) would be provided:*

Check all that apply or choose STATEWIDE option at the bottom.

Select at least 1 and no more than 0.

- ☐ Adams
- ☐ Ashland
- ☐ Barron
- ☐ Bayfield
- ☐ Brown
- ☐ Buffalo
- ☐ Burnett
- ☐ Calumet
- ☐ Chippewa
- ☐ Clark
- ☐ Columbia
- ☐ Crawford
- ☐ Dane
- ☐ Dodge
- ☐ Door
- ☐ Douglas
- ☐ Dunn
- ☐ Eau Claire
- ☐ Florence
- ☐ Fond du Lac
- ☐ Forest
- ☐ Grant
- ☐ Green
- ☐ Green Lake
- ☐ Iowa
- ☐ Iron
- ☐ Jackson
- ☐ Jefferson
- ☐ Juneau
- ☐ Kenosha
- ☐ Kewaunee
- ☐ La Crosse
- ☐ Lafayette

- ☐ Langlade
- ☐ Lincoln
- ☐ Manitowoc
- ☐ Marathon
- ☐ Marinette
- ☐ Marquette
- ☐ Menominee
- ☐ Milwaukee
- ☐ Monroe
- ☐ Oconto
- ☐ Oneida
- ☐ Outagamie
- ☐ Ozaukee
- ☐ Pepin
- ☐ Pierce
- ☐ Polk
- ☐ Portage
- ☐ Price
- ☐ Racine
- ☐ Richland
- ☐ Rock
- ☐ Rusk
- ☐ Sauk
- ☐ Sawyer
- ☐ Shawano
- ☐ Sheboygan
- ☐ St. Croix
- ☐ Taylor
- ☐ Trempealeau
- ☐ Vilas
- ☐ Vernon
- ☐ Walworth
- ☐ Washburn
- ☐ Washington
- ☐ Waukesha
- ☐ Waupaca
- ☐ Waushara
- ☐ Winnebago
- ☐ Wood

STATEWIDE - CHILDREN'S SERVICES

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8. Contact Information:*

Business Name (if applicable):

Last Name:

First Name:

Address 1:

Address 2:

City:

State:

Zip:

Area Code-Telephone Number (000-000-0000):

Email:

Website (Enter "none" if none):

9. Provide a program statement of not more than 250 words describing this provider. Providers may wish to discuss the numbers of sites and capacity available in different locations. If the provider has any special skills or abilities such as working with people with challenging behavior, health conditions or memory loss, the provider is advised to consider mentioning these. If there are geographical limitations within the specified county, please define them here.*

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Survey Results Review

Please review your answers before submitting this registration. If there are answers you wish to change use the **"Back"** button at the bottom of the page until you get to the desired location.

Question 1: Please choose which type of registration you wish to enter:

Question 2: Select the population group or groups to be served:

Question 3: Choose a service or services from the list:

Question 4: Choose the county or counties in which the service(s) would be provided:

Question 5: Contact Information:

Question 6: Program Statement: